

Advanced Disease Management and TB

PEPFAR Mozambique | March 8, 2022

Presenters:

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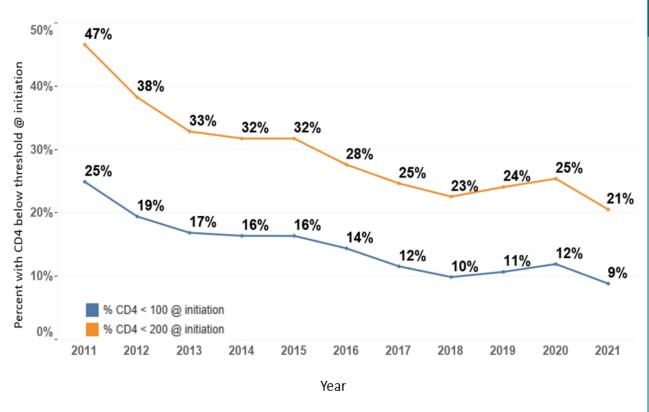
19 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

Advanced HIV Disease Management



Despite Improved ART Coverage and VLS, AHD in Mozambique is Relatively High

Trend in CD4 at initiation 2010-21



Source: MozArt FY2021 Q4

AHD

- Around 50% of patients with low CD4 at ART initiation are asymptomatic ⁽¹⁾
- People presenting with advanced HIV disease are at high risk of death, even after starting ART⁽²⁾
- Among patients in need of inpatient services, the mortality rate is 37%⁽³⁾

AHD Current Implementation

- MSF-supported sites:

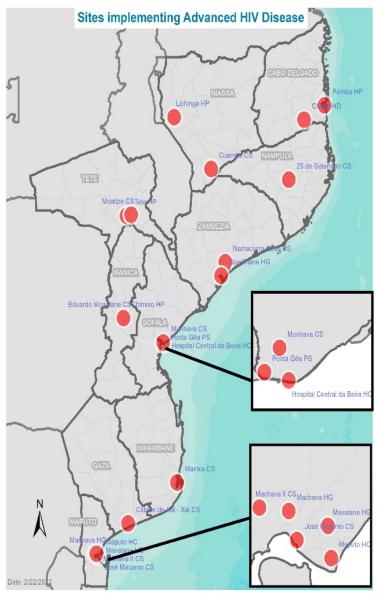
 Beira Central Hospital,
 Munhava and Ponta
 Gea with a referral counter-referral flow
- CRAM Alto Mae is a referral center on AHD supported by ITECH
- AHD package offered at José Macamo General Hospital as part of initial triage in emergency ward, with a referral/counterreferral with CRAM's outpatient care

⁽²⁾ Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: World Health Organization; 2021. (3) David Maman, Rapport Hospitalization CHK 2015/2017, Epicentre, 2017



⁽¹⁾ Médecins Sans Frontiéres. (2018). MSF HIV/TB clinical guide for primary care. Cape Town: MSF, p. 218.

Implementation and Monitoring of AHD Package Rollout in COP21



Phase 1 AHD sites

Updates - COP21

- Donor coordination: TA by PEPFAR and commodities by GF
- Trained providers at 26 sites and provincial teams
- CD4, CrAg, TB-LAM reagents in country, on-going site distribution
- Adjustments in CD4 network to improve access



Kaposi Sarcoma treatment room

Next Steps - COP21

- Complete, intermediate & basic package at 27 sites starting at April
- Finalize SOP for documentation of AHD screening, diagnosis and treatment in patient clinic record
- Pilot an AHD specific clinic record form
- Finalize M&E procedures



AHD ToT, Maputo Province, Sept '21

Advanced Disease Package of Services Offered in Mozambique

Basic package – All sites

- Clinical evaluation
- CD4 and VL testing (for eligible patients)
- Opportunistic infections screening and test: Blood CrAg, TB-LAM and Xpert MTB/Rif
- Treatment of TB and other specific conditions
- Prophylaxis: TPT, CTZ, Cryptococcosis fluconazole

Intermediate package – District Hospitals

- Basic package
- Cerebrospinal fluid (CSF) CrAg test for patients with serum CrAg+
- Treatment of Cryptococcal meningitis
- Follow-up by more differentiated clinicians

Advanced package – Central and Provincial Hospitals

- Intermediate package
- Treatment of Cryptococcal meningitis with advanced drugs
- Kaposi's sarcoma chemotherapy treatment



Plans for AHD Implementation in COP 22

COP22 Plans

- Expand advanced package to 3/4 additional sites per province
- Strengthen TA efforts for sites with advanced and intermediate packages
- Implement DISA POC at selected AHD sites to capture testing data

GF Commodities & Equipment

- GF to maintain responsibility for AHD commodities
- Commodity shipment uncertainties negatively impact expansion plans
- 42 BD FACSPresto CD4 instruments to be installed by end of calendar year

Program Monitoring

- Implementation of AHD specific clinic record form
- Reporting of standardized AHD indicators
- Technical assistance visits by central partner to all provinces



HIV/TB COP22 Priorities



TB/HIV Updates And Portfolio Overview

Continued strong performance in TB_STAT and TB_ART with low variability

TPT completion volumes, rates, and coverage of TX_CURR are increasing rapidly but with notable variability

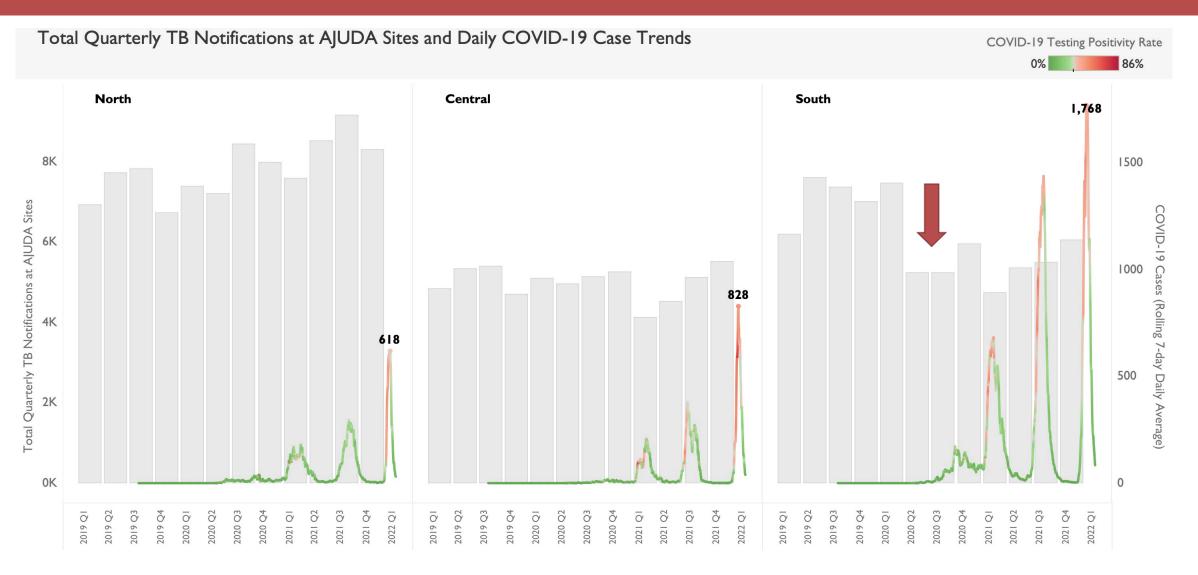
Integration of TB screening into COVID-19 national algorithms, and active revision of NTP instruments

Persistent gaps in TX_TB screening cascade both in coverage and quality of TB screening for PLHIV, and M&E of presumptive TB cases

Ongoing challenges with the TB lab diagnostics, especially service maintenance of the GeneXpert network Nationally 84% TB treatment coverage of estimated cases, but low rates of bacteriological confirmation (~35%)



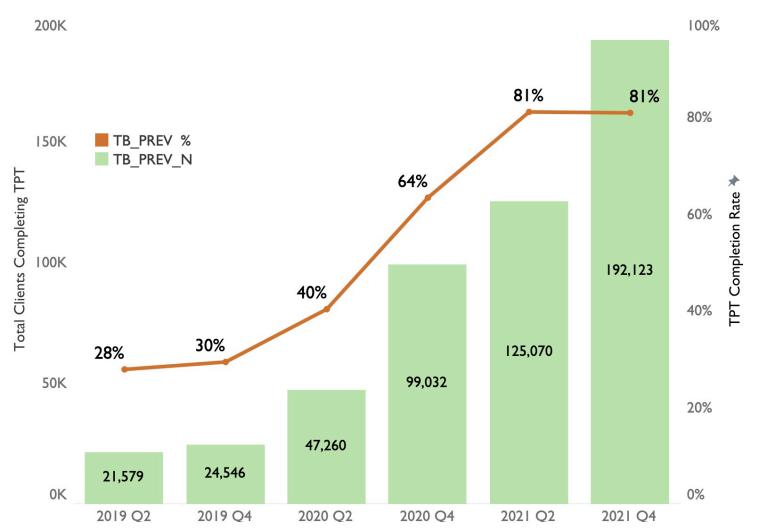
TB Notifications Remain Strong Despite COVID19



- Stable annual TB notifications vs decrease in TB notifications of 15-30% in many high-burden countries
- Modest decrease in notified pediatric TB from 13% to 11%

TPT Completion Rates And Volumes Continue Climbing

Trend in TPT Completion Rates and Client Volumes

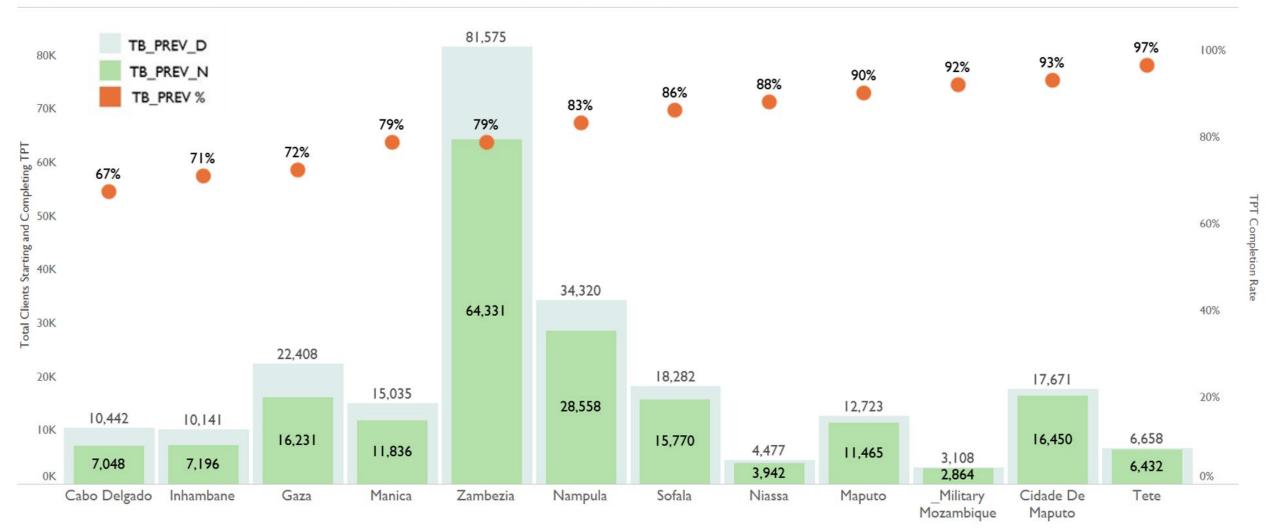


- Continued increase in total individuals that complete TPT by semester
- TPT completion rates have plateaued, but are approaching target of 90%
- Implementation of 3HP in two provinces and expansion plan in discussion, yet risk of oversupply of TPT nationally



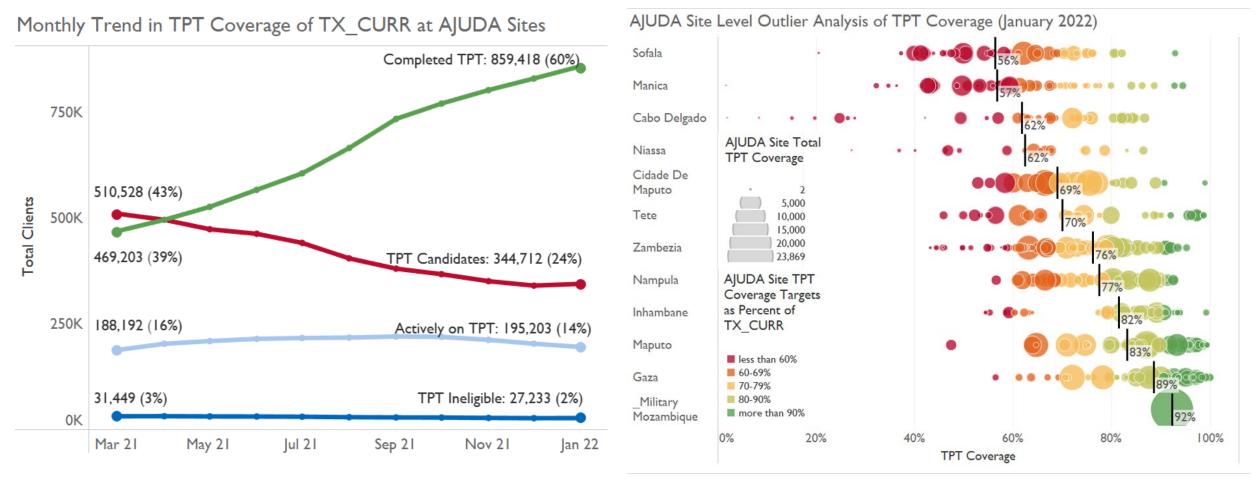
Persistent Variability In TPT Completion At Province And Partner Level

AJUDA Site TPT Completion Rates and Volumes for Province Level (2021 Q4)



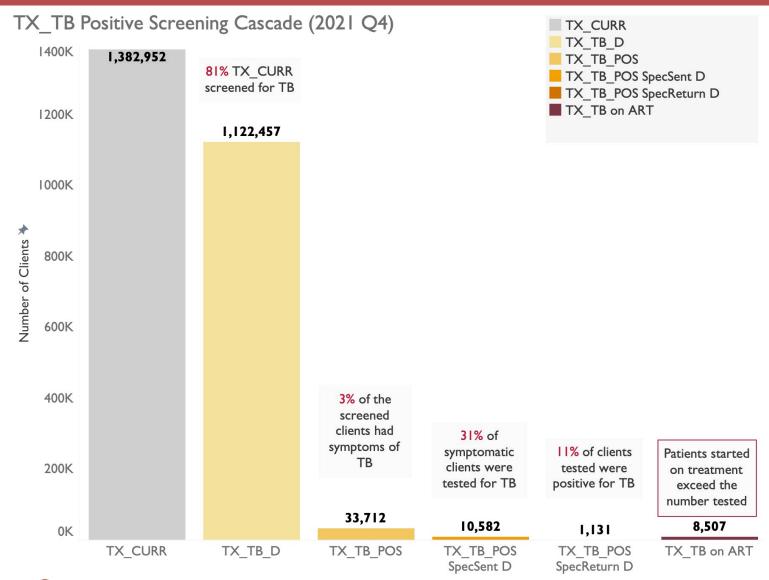


TPT Coverage Rates Of TX_CURR Continue Climbing But Are Variable



- Increase in TPT Coverage among TX_CURR at AJUDA sites from 0.7M/1.2M (55%) in Mar 2021 to 1M/1.4M (74%) in Jan 2022
 - o TPT coverage includes those who have completed or are actively on TPT out of TX_CURR
 - o 345K (24%) of TX_CURR at AJUDA sites are still TPT Candidates and targeted for mop-up in COP21
 - o There is still significant provincial/partner/site level variability we will focus on underperforming sites in COP22

The TB Screening Cascade Continues To Be A Challenge



Gaps

- Missing ~520,000 TB screening events in PLHIV at AJUDA sites annually
- Major variability by province in TX_CURR not screened for TB (from 4 - 38%)
- Persistently low rates of documented TB testing, bacteriological confirmation of those tested
- Challenges with GeneXpert lab network, sample transport, and getting results into EPTS
- Only semesterly data and limited data points

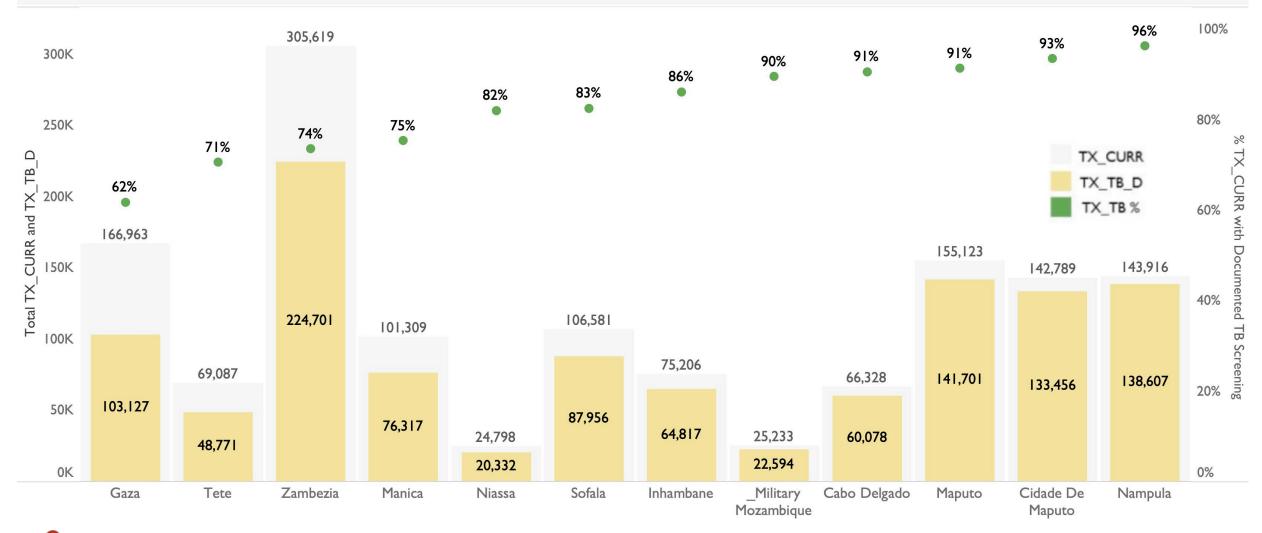
Solutions

- Enhanced TX_TB monthly monitoring with new report
- Line lists of patients to better identify and follow up with clients that fall out of the cascade
- Support use of new innovations in TB case-finding (CXR, CAD and TB-LAM)
- If approved by MISAU, implement new presumptive TB registers to ensure appropriate evaluation
- Support new MOH TB/HIV cQI and mentoring strategy



Persistent Gaps In TB Screening for PLHIV With Provincial And Site Level Variability

AJUDA Site TB Screening Rates for PLHIV at Province Level (2021 Q4)





TB/HIV Priority Activities For COP22

Develop and implement NTP and MOH led cQl processes for TB/HIV

Consolidate and maintain strong TPT coverage and treatment completion rates with reduced variability

Drive improved
actual and
documented
performance along
the entire TX_TB
Cascade

Decreased TBrelated morbidity & mortality among PLHIV Support introduction
of new NTP
instruments and
documented HIV
testing for all
presumptive TB
cases

Obrigado!